

CLAIMS ONLY							Application Number <i>10/0081752</i>	Filing Date	
							Applicant(s)		
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								51	
2								52	
3								53	
4								54	
5								55	
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43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
Total Indep		<i>3</i>						Total Indep	
Total Depend		<i>3</i>						Total Depend	
Total Claims		<i>5</i>						Total Claims	